

SENDER WILL CHECK CLASSIFICATION		TOP AND BOTTOM	
<input type="checkbox"/> UNCLASSIFIED	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/>	<input type="checkbox"/> SECRET
<b>OFFICIAL ROUTING SLIP</b>			
TO	NAME AND ADDRESS	DATE	INITIALS
1	Director of Security	25 SEP 1969	<i>[Signature]</i>
2			
3			
4			
5			
6			
<input type="checkbox"/> ACTION	<input type="checkbox"/> DIRECT REPLY	<input type="checkbox"/> PREPARE REPLY	
<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISPATCH	<input type="checkbox"/> RECOMMENDATION	
<input type="checkbox"/> COMMENT	<input type="checkbox"/> FILE	<input type="checkbox"/> RETURN	
<input type="checkbox"/> CONCURRENCE	<input type="checkbox"/> INFORMATION	<input type="checkbox"/> SIGNATURE	
<b>Remarks:</b> 1. Reference the attached, your permission is needed to release a copy to [REDACTED]. If you approve, we'll send one out to him. Incidentally, that will leave just three copies extant out of that last printing. <div style="text-align: center;">             WKG SA/EPD  <i>[Signature]</i>              OK           </div> <div style="text-align: right;">             75              GF-063           </div>			
<b>FOLD HERE TO RETURN TO SENDER</b>			
FROM: NAME, ADDRESS AND PHONE NO.			DATE
<input type="checkbox"/> UNCLASSIFIED	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> SECRET	

FORM NO. 1-67

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Use previous editions

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